

**HOME IMPROVEMENT CONTRACTOR'S  
CERTIFICATE OF INSURANCE**

ccl-134e (11/03)

(Herein called Insurance Company)

Address \_\_\_\_\_

(Include CITY, STATE & ZIP CODE)

**ISSUED TO THE CITY OF MILWAUKEE, 200 E. Wells St. Rm 105, Milwaukee, WI 53202**

The company hereby certifies that it has issued to:

**NAME** \_\_\_\_\_

a general liability **POLICY NO** \_\_\_\_\_ **EFFECTIVE** \_\_\_\_\_, **20** \_\_\_\_\_,

**EXPIRES** \_\_\_\_\_, **20** \_\_\_\_\_, providing for limits of not less than \$25,000 per person, \$50,000 per accident, bodily injury liability, and \$10,000 property damage liability; provided, however, that the insurance afforded is subject to the terms, conditions, limitations, and exclusions of the policy.

Said policy provides that notwithstanding any other provision therein, ten days' written notice of cancellation, material change, expiration, or intent not to renew will be given to the City Clerk of the City of Milwaukee; otherwise such insurance as is afforded thereunder shall remain in full force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signed \_\_\_\_\_

Authorized Representative

**AFFIDAVIT**

STATE OF WISCONSIN)

)ss

\_\_\_\_\_ County)

\_\_\_\_\_, being first duly sworn, on oath deposes and says that

he/she is the agent of the \_\_\_\_\_, insurer on the attached certificate issued  
(Insurance Company)

to \_\_\_\_\_.  
(Insured)

Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee, or other thing of value on account of the sale or furnishing of said policy.

Signed \_\_\_\_\_

Authorized Representative

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission expires \_\_\_\_\_